



MS. TEY AND MS. ANANGA TAKE ON THE GAMBLERS OF BONTIBOR

Even the best of gamblers loses a round eventually. When the stakes are high, the consequences can be permanent. This is demonstrated by the gamblers in Bontibor, a community situated 42 kilometres from the Nkwanta District Hospital and six kilometres from an all-weather road. The people are subsistence crop farmers, confined to the hinterland because commercial passenger vehicles rarely operate on the route to the town, and then, only on market days.



Ms. Rejoice Tey, a volunteer, provides services with the CHO, Ms. Beatrice Ananga

Vehicles visiting the town are decorated with lottery ads, because it is believed that a lorry is a sign of good luck. The lottery is important to daily life, but playing the health lottery is a far more dangerous game. This gamble takes on at least three forms:

- **Reluctance for referral:** Hoping that a sick person will survive without care, decisions to send a patient to the hospital are often delayed, either because the cost of transportation cannot be borne, or because transportation is not

available, contributing to the deaths of many people who could have been saved by quick referral to the hospital. In precarious situations, patients are sometimes carried prostrate, shoulder high, in an improvised palanquin, in the hope that a vehicle will mercifully stop to help the exhausted porters, after they had walked six kilometres or more to the Nkwanta highway junction.

- **Midwifery:** Parents prefer to remain at home under the care of a traditional birth attendant rather than in a clinic where professional caregivers respond to emergencies.
- **Reproductive health:** Couples engage in sexual gambling, by straying from marriage. The youth are the most reckless reproductive health gamblers.



Pregnant woman being transported by palanquin

To end health gambling, the Bontibor community has embraced the CHPS programme of strengthening collaboration with their Community Health Officer (CHO) to reverse a situation that has

plagued them for years and caused many deaths. In describing this new initiative, a Village Health Committee (VHC) member, Madam Rejoice Tey, narrated how the CHPS programme expanded the availability of clinical care and improved the referral process. 'Before health durbars, we did not know that malaria causes convulsions in children which induces excess heat, but now we know the cause and also know how to control it even before we get to the CHO for more care'. According to Madam Tey, now that a CHO is available, the CHPS programme helps in reducing snakebite deaths, saying that before CHPS, sick children were left to their fate after self medication, because parents could not afford the cost of going to the Nkwanta hospital.

'Because the CHPS CHC is nearer and effective, the CHPS programme led to a reduction in maternal and child deaths', she said. A CHO, Ms. Beatrice Ananga, said the vision of the CHPS concept is on course in Nkwanta District. After a year of work in her assigned area, the number of outpatients has been impressively high and steadily increasing. She said an average of 40 minor ailment cases are attended to every month in addition to an average 50 cases on family planning and counseling; an additional three to four packets of condoms are sold in a month. Most of this type of preventive care would not have happened if the client had been confronted

with the cost and rigors of reaching the hospital. If Ms. Ananga had to work in Bontibor alone, she would have lacked credibility and support. But, with the CHPS approach, the programme organizes community support for the CHO. As Ms. Ananga said, 'Community participation is very good as the people have consistently demonstrated their acceptance of the CHPS programme by organizing communal labour'.

Also, VHC help in retrieving cost of treatment for patients who could not afford cost of treatment immediately. 'The community has really embraced the CHPS concept because, in going to areas which are inaccessible with my motor bike, I am always escorted by volunteers from any of the seven communities in the CHPS zone', she testified.

Reproductive health gambling is particularly worrisome to the health service team in Nkwanta. Ms. Ananga has been trained to promote condom sales. With the help of the DHMT, she has organized durbars to inform communities of the HIV/AIDS epidemic and the need for safe sexual relations. With a bit of diplomacy, she can set the stage for chiefs and elders to speak out on the need for safe sexual practices, and the need to stop health gambling of any kind. Now that a CHC is available with a trained CHO, no one should have to take chances with their health.



Community elders at a durbar in Bontibor

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